

Commonwealth of Kentucky EDUCATION CABINET OFFICE OF EMPLOYMENT AND TRAINING REQUEST FOR EMPLOYMENT INFORMATION TRADE ACT OF 1974, AMENDED 1981, 1984, 1986, 1988, 2002			DATE OF REQUEST →	
			PETITION NO.	FILING DATE OF PETITION
1. CLAIMANT NAME (Last, First, Middle)			2. SOCIAL SECURITY NO. → SECURITY NO.	
3. ADDRESS (Number, Street, City, or Country, State, Zip Code)			4. LOCAL OFFICE (Seven digit FIPS Code)	
5. QUALIFYING PERIOD: The 52-calendar week period prior to and including the week of the qualifying separation.			a. Beginning Date	b. Ending Date
<input type="checkbox"/> A. WAGE INFORMATION FOR ABOVE QUALIFYING PERIOD TO BE COMPLETED BY EMPLOYER If totally separated, DO NO COMPLETE ITEMS (3) AND (4).				
(1) No, Weeks Worked	(2) No. Weeks worked and earned \$30 or More	(3) Total Hours of Employment (Exclude hours of overtime, weeks of sick leave and vacation)	(4) Gross Wages Paid (Exclude weeks of sick leave and vacation)	
<input type="checkbox"/> B. SEPARATION INFORMATION (To be completed by employer.)				
(1) Impact Date	(2) First Separation After Impact (3) Last Separation from Company	(4) State in Which Separation Occurred	(5) Type of Separation ("X" one) <input type="checkbox"/> Total <input type="checkbox"/> Partial	(6) Reason for Separation <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other
6. ANSWER ONLY IF THE NUMBER OF WEEKS SHOWN IN ITEM (2) ABOVE IS LESS THAN 26. NO. WEEKS OF AUTHORIZED LEAVE (vacation, sickness, injury, maternity, inactive duty or active duty military service for training), disability Icompensated under a worker's compensation law, employment interruption to serve full-time as representative of labor organization. _____ No. of weeks of authorized Leave described above (other than weeks of disability compensated under a worker's compensation law). _____ No. of weeks of disability compensated under a worker's compensation law.				
7. EXPLAIN REASON FOR SEPARATION, IF OTHER THAN LACK OF WORK.				
8. Was this worker a member of a group of workers of you firm certified by the Secretary of Labor as eligible to apply for adjustment assistance under the Trade Act of 1974, amended 1981, 1984, 1986, 1988?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> C. TO BE COMPLETED BY THE CLAIMSTAKER AS RECORD OF FIRST UI CLAIM FILED OR REOPENED AFTER QUALIFYING SEPARATION.			EFFECTIVE DATE	BYE DATE
<input type="checkbox"/> D. WAGE INFORMATION FOR PARTIAL SEPARATION DURING WEEK: → (To be completed by employer only for week indicated).			BEGINNING DATE	ENDING DATE
(1) No of Hours Worked		(2) Gross Wages Paid	(3) State in Which Work Performed	
NAME OF FIRM		10. SIGNATURE OF EMPLOYER'S REPRESENTATIVE		
		11. TITLE	12. DATE COMPLETED	
TAA/ TRA-855A (R 01/05)				

NOTICE TO EMPLOYER: THE CLAIMANT, IDENTIFIED ON THE REVERSE OF THIS FORM, HAS FILED A REQUEST FOR A DETERMINATION OF ENTITLEMENT TO A TRADE READJUSTMENT ALLOWANCE UNDER THE TRADE ACT OF 1974, AS AMENDED 1984, 1986, 1988, 2002. PLEASE COMPLETE THE EMPLOYMENT INFORMATION ON THE FORM ONLY FOR THOSE SECTION(S) AS INDICATED BY A CHECK MARK IN THE BOX PRECEDING THE SECTION AND RESPOND TO QUESTIONS 6, 7, AND 8 AS APPROPRIATE. SIGN, DATE AND RETURN THIS FORM TO THE ADDRESS BELOW WITHIN TEN (10) WORKING DAYS.